

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/069136

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•			•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		INC.	DEP.
1	1						51							
2		1					52							
3							53							
4		1					54							
5		1					55							
6		1					56							
7		1					57							
8		1					58							
9		1					59							
0		1					60							
1		1					61							
2		1					62							
3		1					63							
4		1					64							
5		1					65							
6		1					66							
7		2					67							
8		1					68							
9		1					69							
0		1					70							
1							71							
2							72							
3							73							
4							74							
5							75							
6							76							
7							77							
8							78							
9							79							
0							80							
1							81							
2							82							
3							83							
4							84							
5							85							
6							86							
7							87							
8							88							
9							89							
0							90							
1							91							
2							92							
3							93							
4							94							
5							95							
6							96							
7							97							
8							98							
9							99							
0							100							
AL	1						TOTAL							
AL	1						IND.							
AL	1						TOTAL							
INS	1						DEP.							
							TOTAL							
							CLAIMS							